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CONFIRMATION NO. 5383

SERIAL NUMBER 10/665,990	FILING OR 371(c) DATE 09/19/2003 RULE	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. 17023-031001 / 01025
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/621,184 07/15/2003 ABN which is a CIP of 10/066,551 01/31/2002
 which claims benefit of 60/266,070 01/31/2001
 and claims benefit of 60/310,356 08/06/2001
 and claims benefit of 60/344,452 10/23/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

12/16/2003

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IA	SHEETS DRAWING 23	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

53137

TITLE

Vaccine and compositions for the prevention and treatment of neisserial infections

FILING FEE RECEIVED 658	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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